

## Enjoy the Many Benefits of Mail Order with Your OptumRx™ Pharmacy Services

OptumRx™ Mail Service Pharmacy can deliver 180-day supplies of your medications right to your mailbox, often for less than you would pay at a retail pharmacy.

### Start Home Delivery in Two Easy Steps.

#### STEP 1: Tell your physician you would like to start mail service.

Once you and your physician are confident you will continue taking a medication on an ongoing basis, have your physician write a prescription for a 180-day supply, plus up to one refill. Prescriptions with more than one refill will not be processed as it will exceed a one year maximum supply as required by law.

#### STEP 2: Contact OptumRx.

##### **You can mail the order form**

Include the original prescription(s). Write the member ID and date of birth on each prescription and mail with the completed order form(s). Please fill out one order form per member.

##### **Or you can call 1-877-263-0911 (TTY 711)**

OptumRx is available 24 hours a day, 7 days a week. Please have your medication name and physician's telephone number ready when you call.

### Frequently Asked Questions.

#### 1 Can mail order help me save money compared to a retail pharmacy?

Yes, most plans entitle members to a discounted copay when they receive their medications through mail order.

#### 2 Does OptumRx Mail Service Pharmacy have other ways to help me keep costs down?

Yes. One way is by recommending less expensive alternatives to brand-name medications whenever appropriate.

#### 3 Can OptumRx Mail Service Pharmacy ship medications that need refrigeration?

Yes. We ship perishable medications overnight at no charge in a temperature-controlled package.

#### 4 Is it safe to send medications through the mail?

Yes, all medications are sealed and shipped in a discreet, tamper-evident package, ensuring that your order arrives safely.

**Other Questions?** Our Customer Service Advocates and licensed Pharmacists are available at **1-877-263-0911**, 24 hours a day, 7 days a week, to assist you with any questions or concerns.



**1 Complete online and print the form, or print the form and complete with black or blue ink.  
Mail this completed order form with your prescription(s).  
DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.**

Primary Member ID Number: Plan Name:		(Additional coverage, if applicable) Secondary Member ID Number: Plan Name:	
Last Name		First Name	MI
Delivery Address			Apt. #
City	State	ZIP	Phone Number ( )
Date of Birth (mm/dd/yyyy) / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Email	
Physician's Name		Physician's Phone Number ( )	

## 2 Health history

If you are a new customer or your allergies or health conditions have changed, please indicate below. The information you provide will allow a more complete review of your current medication request.

**Notes to Pharmacy:**

## 3 Generic substitution

FDA-approved generic equivalents will be dispensed for brand-name medications whenever possible, unless you or your physician indicate otherwise. If you require brand-name medications, please list those medications with a "brand-name only" notation below. Note: brand-name medications may be subject to a higher cost.

**Notes to Pharmacy:**

## 4 "Keep on file". Do not ship.

All prescriptions will be shipped unless otherwise indicated. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them below.

**Do not ship the following medications:**

## 5 Payment and shipping information — do not send cash.

Standard delivery is at no charge. Most prescription orders arrive about 7 days from the date your completed order is received. If clarification of your order is required, delivery may take longer. If you would like overnight shipping, please indicate below. Please note that expedited shipping only affects shipping time, not the processing time of your order.

You may log on to **myuhc.com**® to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

- ☐ **Ship overnight.** Add \$12.50 to order amount (subject to change).
- ☐ **Check enclosed.** All checks must be signed and made payable to OptumRx.
- ☐ **Charge to my credit card on file.**
- ☐ **Charge to my NEW credit card.** Visa, MasterCard, AMEX and Discover are accepted.

New Credit Card Number

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Expiration Date (Month/Year)

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Signature:

Date:

This credit card will be billed for applicable medications, overnight shipping and outstanding balances. **I authorize OptumRx to maintain my credit card on file as payment method for any future charges or outstanding balances.** To modify payment selection, please contact Customer Service.